


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -1 AM 10:35

<b>DOCUMENT # L04000030378</b> 1. Entity Name <b>ICE 2, LLC</b>					
Principal Place of Business <del>546 N.E. 31ST STREET</del> <b>450 NE 32ND ST</b> <b>MIAMI, FL 33137</b>				Mailing Address <del>546 N.E. 31ST STREET</del> <b>450 NE 32ND ST</b> <b>MIAMI, FL 33137</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11102005 REIN-LLC CR2E101 (6/04)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENTS OF FLORIDA, LLC</b> <b>100 SOUTHEAST 2ND STREET, SUITE 2900</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MANAGING MEMBER</b> <input type="checkbox"/> Delete NAME <b>MICHAEL GOON</b> STREET ADDRESS <b>450 NE 32ND ST</b> CITY-ST-ZIP <b>MIAMI, FL 33137</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900061827959</b> <b>12/01/05--01040--005 ***150.00</b>		
TITLE <b>MANAGING MEMBER</b> <input type="checkbox"/> Delete NAME <b>ROBERT WOLL</b> STREET ADDRESS <b>450 NE 32ND ST</b> CITY-ST-ZIP <b>MIAMI, FL 33137</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2005</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE</b> <i>Robert Woll</i> <span style="float: right;">Date <i>12/4/05</i> Daytime Phone #</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					